

1.) CORPORATION NAME:

DUE DATE: **3/31/2015**

**TrePadges**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **05742432**

**CHRISTINE A WILLIAMS  
11418 IVY HOME PLACE  
HENRICO, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 849 PARKLAND PLACE

CITY/ST/ZIP: GLEN ALLEN, VA 23059

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	DAVID CLINGENPEEL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/VC		
ADDRESS:	849 PARKLAND PLACE		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23059		
NAME:	DAWN COLEMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	413 STUART CIRCLE APT 3C		
CITY/ST/ZIP/CO:	RICHMOND, VA 23220		
NAME:	CHRISTINE A WILLIAMS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	11418 IVY HOME PLACE		
CITY/ST/ZIP/CO:	HENRICO, VA 23233		
NAME:	LOGAN BRAGG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12005 WHEAT RIDGE CT.		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23059		
NAME:	LILA GOODMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10901 ASHMONT COURT		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23059		
NAME:	SCOT GOODMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10901 ASHMONT COURT		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23059		

NAME: KELLY LEWIS TITLE: DIRECTOR ADDRESS: 11143 LIVE OAK CIRCLE CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23113	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: CAROL SMITH TITLE: DIRECTOR ADDRESS: 12136 TURNING BRANCH CIRCLE CITY/ST/ZIP/CO: GLEN ALLEN, VA 23059	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JASON WILLIAMS TITLE: DIRECTOR ADDRESS: 11418 IVY HOME PLACE CITY/ST/ZIP/CO: HENRICO, VA 23233	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ CHRISTINE A WILLIAMS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHRISTINE A WILLIAMS, CHAIRMAN PRINTED NAME AND CORPORATE TITLE	3/25/2015 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		